

APPLICANT SUMMARY FORM

U.S. Air Force Psychology Residency Programs

Privacy Act Statement: Authority to obtain this information is Title 10, U.S. Code, Section 8012 Appointment; powers and duties delegated by the Secretary of the Air Force. This information will be used by the Graduate Health Education Selection Board in selecting applicants for admission into the Air Force Clinical Psychology Residency Programs. Disclosure is voluntary; without it, however, selection for these particular programs cannot be made.

Name: _____ **Date:** _____

Soc. Sec. number: _____ **APPIC match # (if known)** _____

Date of birth: _____ **Gender:** _____

Mailing address: _____

E-mail address _____

Phones: Home _____ Office: _____

Projected Degree: Ph.D. _____ Psy.D. _____ Other(specify) _____

University/location: _____

Department: _____

Program: Clinical _____ Counseling Psych _____ Professional Psych _____

Other (specify): _____

Is this program accredited by APA? Yes _____ No _____

Graduate GPA and psychology credit hours:

MS GPA: _____ (scale: 3/4 point _____) Number of Psych credits: _____

PhD GPA: _____ (scale: 3/4 point _____) Number of Psych credits: _____

DEGREES:

University	DATES: From/To	Major	Degree/date
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Briefly describe your **dissertation topic**:

Describe any prior **military experience**:

Describe **awards, honors, publications**, or anything else you would like the selection board to consider.